

EXHIBIT 1

HAGEMAN v. AT&T MOBILITY SETTLEMENT CLAIM FORM

If you were the account holder of the Telephone Number listed on the attached Notice at some time between April 9, 2009 and April 1, 2014, and wish to assert a claim for payment under the Settlement Agreement, please provide the information requested below, and submit this form by mail to: _____ or online at _____.

This form must be postmarked or filed online no later than _____.

Para ver este formulario en español, visita _____.

General Information

First Name: _____

Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

* * *

Certification

By signing and submitting this Claim Form, I certify and affirm that the information I am providing below is true and correct to the best of my knowledge and belief.

I am over 18.

At some time between April 9, 2009 and April 1, 2014, I received one or more calls from AT&T Mobility or someone acting on behalf of AT&T Mobility at the cellular telephone number printed at the top of the attached notice.

I was the customer of record for the cellular telephone number printed at the top of the attached notice from _____ to _____.

I did not consent to receive calls like the one or more I received by or on behalf of AT&T Mobility on my cellular telephone.

I did not receive cellular service from AT&T Mobility at the time I received the call(s) in question.

* * *

If you are submitting this Claim Form by mail, please sign and date below. If you are submitting this Claim Form online, you agree that clicking the “Submit” button shall constitute your signature and acknowledgement of the terms of this Claim Form.

Claimant Signature: _____

Date: ____/____/____